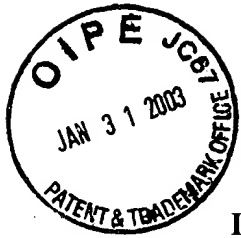


AF/ 3729



PATENT
ATTORNEY DOCKET NO.: 051252-5065
Application No.: 09/559,749

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
William J. IMOEHL)
Application No.: 09/559,749)
Filed: 30 June 2000)
For: METHOD OF MANUFACTURING)
A FUEL INJECTOR SEAT)

Group Art Unit: 3726

Examiner: Compton, E.

Commissioner of Patents and Trademarks
Washington, D.C. 20231

TECHNOLOGY CENTER R3700

FEB 03 2003

AMENDMENT TRANSMITTAL FORM

1. Transmitted herewith is a Request for Reconsideration responding to the FINAL Office Action mailed **01 November 2002**.

2. Additional papers enclosed.

- ☐ Drawings: ☐ Formal ☐ Informal (Corrections)
- ☐ Information Disclosure Statement
- ☐ Form PTO-1449, ___ references included
- ☐ Citations
- ☐ Declaration of Biological Deposit
- ☐ Submission of "Sequence Listing", computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136(a) apply.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

☐ Applicant petitions for an extension of time, the fees for which are set out in 37 CFR 1.17(a)-(d), for the total number of months checked below:

<u>Total months requested</u>	<u>Fee for extension</u>	<u>[fee for Small Entity]</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,450.00	\$725.00

Extension of time fee due with this request: **\$0.00**

If an additional extension of time is required, please consider this a Petition therefor.

☐ An extension for __ months has already been secured and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested.

3. Fee Calculation

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	at Rate of	Total Fees
Total Claims	8	minus	20	0	x \$18.00 each=	+ \$0.00
Independent Claims	1	minus	3	0	x \$84.00 each=	+ \$0.00
[] First presentation of Multiple dependent claim(s)					\$280.00	+ \$
SUB-TOTAL =						\$ \$0.00
Reduction by 1/2 for filing by a small entity						- \$
TOTAL FEE =						\$00.00

4. Fee Payment

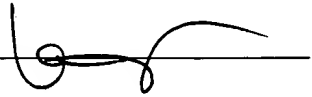
☒ No fee is to be paid at this time.

☐ Please charge the **Deposit Account No. No. 50-0310** in the amount of **\$00.00**.

☒ The Commissioner is hereby authorized to charge any fees including fees due under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0310.

Respectfully submitted,
MORGAN, LEWIS & BOCKIUS

Dated: **31 January 2003**
MORGAN, LEWIS & BOCKIUS LLP
 1111 Pennsylvania Ave., N.W.
 Washington, D.C. 20004
 202-739-5203
Customer No. 009629


 Khoi Q. Ta
 Reg. No. 47,300

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